



Credit Card Authorization

I, _____, give permission for AMATYC to charge my credit card for charges below.

Name on Card: _____

Credit Card Type:

- ☐ Visa ☐ American Express
☐ MasterCard ☐ Discover

Billing Address: _____

Credit Card Number

Expiration Date

Please select the type of service to be charged:

- ☐ Exhibit Booth(s) ☐ Focus Group(s)
☐ Commercial Presentation(s) ☐ Additional Exhibitor Name Badge(s)

Authorized Signature

Date

Phone

Email

Scan and upload the completed form along with the appropriate product form(s) located at www.amatyc.org or fax the form to (901) 333-5651.